

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591769

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7		①		1		
8		①		1		
9		①		1		
10		①		1		
11		①		1		
12		①		1		
13		①		1		
14		①		1		
15		①		1		
16		①		1		
17		①		1		
18		①		1		
19		①		1		
20		①		1		
21	1		1			
22		1		1		
23		1		1		
24		3		1		
25		3		1		
26		①		1		
27		①		1		
28	1		1			
29		1		1		
30		2		1		
31		①		1		
32		①		1		
33	1		1			
34		1		1		
35	1		1			
36	1		1			
37		1		1		
38	1		1			
39		1		1		
40		2		1		
41		1		1		
42		①		1		
43		①		1		
44		①		1		
45						
46						
47						
48						
49						
50						
TOTAL IND.	7	↓	7	↓	0	↓
TOTAL DEP.	44	←	37	←	0	←
TOTAL CLAIMS	51		44		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	0		0		0	